

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF WISCONSIN

Case number (if known) _____

Chapter you are filing under:

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Robert

First name

E.

Middle name

Bring your picture identification to your meeting with the trustee.

Klein

Last name and Suffix (Sr., Jr., II, III)

Kristy

First name

L.

Middle name

Klein

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-5236

xxx-xx-4782

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

EIN _____

EIN _____

5. Where you live

**1511 E Longneedle Lane
Elkhorn, WI 53121**

Number, Street, City, State & ZIP Code

Walworth

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing *this district* to file for bankruptcy

Check one:

- ☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- ☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☐ Chapter 7
- ☒ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
-
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.
- ☐ Yes.
- | | |
|-----------------------------|---------------------------|
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
-
11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☐ No. Go to Part 4.

☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Klein Enterprises LLC

Name of business, if any

**17 E Walworth Street
Elkhorn, WI 53121**

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☒ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☒ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

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- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.		
	16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.		
	16c. State the type of debts you owe that are not consumer debts or business debts _____		
<hr/>			
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>			
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>			
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>			
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.	
	If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.	
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).	
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	
	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	
	<u>/s/ Robert E. Klein</u> Robert E. Klein Signature of Debtor 1	<u>/s/ Kristy L. Klein</u> Kristy L. Klein Signature of Debtor 2
	Executed on <u>April 29, 2025</u> MM / DD / YYYY	Executed on <u>April 29, 2025</u> MM / DD / YYYY

Debtor 1 **Robert E. Klein**
Debtor 2 **Kristy L. Klein**

Case number *(if known)* _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Daniel J. McGarry _____ Date **April 29, 2025**
Signature of Attorney for Debtor MM / DD / YYYY

Daniel J. McGarry 1052213 _____
Printed name

Krekeler Law, S.C. _____
Firm name

26 Schroeder Court, Suite 300
Madison, WI 53711 _____
Number, Street, City, State & ZIP Code

Contact phone **(608) 258-8555** _____ Email address **dmcgarry@ks-lawfirm.com**

1052213 WI _____
Bar number & State

Fill in this information to identify your case:

Debtor 1 **Robert E. Klein**
First Name Middle Name Last Name

Debtor 2 **Kristy L. Klein**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

Case number _____
(if known)

☐ Check if this is an amended filing

B 104**For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.**Unsecured claim**

1	What is the nature of the claim?	any and all deposit accounts that Guarantor may have at any time with Lender, secured by any existing and any future security agreements between Guara	\$248,951.59
Associated Bank 200 North Adams Street P.O. Box 19097 Green Bay, WI 54307-9097	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply		
	Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: Unsecured claim	\$248,951.59 - \$0.00 \$248,951.59	
Contact _____ Contact phone _____			
2	What is the nature of the claim?	Student loan	\$46,539.77
Nelnet US Department of Education PO Box 2837			

Debtor 1 **Robert E. Klein**
Debtor 2 **Kristy L. Klein**

Case number (if known) _____

Portland, OR 97208-2837

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact _____

Contact phone _____

3

**Chase
Cardmember Service
P.O. Box 6294
Carol Stream, IL 60197-6294**

What is the nature of the claim?

**Business credit card
charges**

\$46,458.08

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact _____

Contact phone _____

4

**Chase
Chase Card Services
P.O. Box 15548
Wilmington, DE 19886-5548**

What is the nature of the claim?

**Business credit card
charges**

\$30,205.99

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact _____

Contact phone _____

5

**Chase - Amazon
Cardmember Services
PO Box 6294
Carol Stream, IL 60197-6294**

What is the nature of the claim?

Credit card purchases

\$23,585.08

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

No

Debtor 1 **Robert E. Klein**
Debtor 2 **Kristy L. Klein**

Case number (if known) _____

Contact _____

Contact phone _____



☐ Yes. Total claim (secured and unsecured)
Value of security: _____
Unsecured claim _____

6

Chase
Cardmember Service
P.O. Box 6294
Carol Stream, IL 60197-6294

What is the nature of the claim?

Business credit card charges

\$16,336.89

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured)
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

7

Chase Sapphire
Cardmember Services
P.O. Box 6294
Carol Stream, IL 60197-6294

What is the nature of the claim?

Credit card purchases

\$14,878.35

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured)
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

8

Discover
P.O. Box 6103
Carol Stream, IL 60197-6103

What is the nature of the claim?

Credit card purchases

\$13,941.46

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured)
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

9

Internal Revenue Service

What is the nature of the claim?

**Personal Income Tax -
2023 Tax Return**

\$11,986.00

Debtor 1 **Robert E. Klein**
Debtor 2 **Kristy L. Klein**

Case number (if known) _____

Insolvency Unit
P.O. Box 7346
Philadelphia, PA 19101-7346

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact _____

Contact phone _____

10

Discover
P.O. Box 6103
Carol Stream, IL 60197-6103

What is the nature of the claim?

Credit card purchases

\$10,191.69

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact _____

Contact phone _____

11

Kidos LLC
P.O. Box 1135
Janesville, WI 53547

What is the nature of the claim?

Back Rent from Klein Enterprises, LLC fka BoxDrop Janesville LLC

\$10,000.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact _____

Contact phone _____

12

Lowe's Advantage Card
PO Box 669807
Dallas, TX 75266-0759

What is the nature of the claim?

Business credit card charges

\$9,917.98

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Debtor 1 **Robert E. Klein**
Debtor 2 **Kristy L. Klein**

Case number (if known) _____

Does the creditor have a lien on your property?

☒

No

☐

Yes. Total claim (secured and unsecured)

Value of security:

- _____

Unsecured claim

Contact _____

Contact phone _____

13

**Southwest Rapid Rewards
Cardmember Service
P.O. Box 6294
Carol Stream, IL 60197-6294**

What is the nature of the claim?

**Business credit card
charges**

\$9,774.12

As of the date you file, the claim is: Check all that apply

☐

Contingent

☐

Unliquidated

☒

Disputed

☐

None of the above apply

Does the creditor have a lien on your property?

☒

No

☐

Yes. Total claim (secured and unsecured)

Value of security:

- _____

Unsecured claim

Contact _____

Contact phone _____

14

**Sam's Club - Synchrony
PO Box 71711
Philadelphia, PA 19176-1711**

What is the nature of the claim?

**Business credit card
charges**

\$8,996.74

As of the date you file, the claim is: Check all that apply

☐

Contingent

☐

Unliquidated

☒

Disputed

☐

None of the above apply

Does the creditor have a lien on your property?

☒

No

☐

Yes. Total claim (secured and unsecured)

Value of security:

- _____

Unsecured claim

Contact _____

Contact phone _____

15

**American Express Delta
SkyMiles
PO Box 60189
City of Industry, CA 91716-0189**

What is the nature of the claim?

**Business credit card
charges**

\$6,255.12

As of the date you file, the claim is: Check all that apply

☐

Contingent

☐

Unliquidated

☒

Disputed

☐

None of the above apply

Does the creditor have a lien on your property?

☒

No

☐

Yes. Total claim (secured and unsecured)

Value of security:

- _____

Unsecured claim

Contact _____

Contact phone _____

Debtor 1 **Robert E. Klein**
Debtor 2 **Kristy L. Klein**

Case number (if known) _____

16

Mercy Health System
1000 Mineral Point Road
Janesville, WI 53548

What is the nature of the claim?

Medical expense

\$6,084.74

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact

Contact phone

17

Capital One Business
PO Box 7683
San Francisco, CA 94120-7683

What is the nature of the claim?

Business credit card charges

\$6,009.22

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact

Contact phone

18

Wisetack, Inc.
Dept. 2554
P.O. Box 122554
Dallas, TX 75312-2554

What is the nature of the claim?

Trade Debt of Klein Enterprises, LLC Business Loan for Replacement of HVAC

\$5,910.35

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured) _____
Value of security: - _____
Unsecured claim _____

Contact

Contact phone

19

Capital One
P.O. Box 7683
San Francisco, CA 94120-7683

What is the nature of the claim?

Credit card purchases

\$5,842.10

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated

Debtor 1 **Robert E. Klein**
Debtor 2 **Kristy L. Klein**

Case number (if known) _____

- ☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured)
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

20

What is the nature of the claim?

**Business credit card
charges**

\$3,688.00

**Lowe's Business Advantage
Card
PO Box 669824
Dallas, TX 75266-0781**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured)
Value of security: _____
Unsecured claim _____

Contact _____

Contact phone _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Robert E. Klein
Robert E. Klein
Signature of Debtor 1

X /s/ Kristy L. Klein
Kristy L. Klein
Signature of Debtor 2

Date April 29, 2025

Date April 29, 2025

United States Trustee-Eastern District
Federal Courthouse
David W. Asbach, Assistant US Trustee
517 East Wisconsin Ave. Room 430
Milwaukee, WI 53202

City of Milwaukee
Customer Service Division
PO Box 514062
Milwaukee, WI 53203

Wisconsin Dept. of Workforce Development
Division of Unemployment Insurance
P.O. Box 8914
Madison, WI 53708

United States Treasury
Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

Wisconsin Department of Revenue
Compliance Bureau
PO Box 8901
Madison, WI 53708

Adams & Adams
26 S Arch Street
Janesville, WI 53548

ADS SOLID WASTE MIDWEST, LLC
WI BELOIT
PO Box 3020
Monroe, WI 53566-8320

Ally
Payment Processing Center
PO Box 71119
Charlotte, NC 28272-1119

Amazon Business Prime American Express
PO Box 60189
City of Industry, CA 91716-0189

American Express Delta SkyMiles
PO Box 60189
City of Industry, CA 91716-0189

Associated Bank
200 North Adams Street
P.O. Box 19097
Green Bay, WI 54307-9097

Associated Bank, N.A.
330 E. Kilbourne Ave, Ste 200
Milwaukee, WI 53202

Best Buy Credit Services
PO Box 6061
Carol Stream, IL 60197-6061

Capital One
P.O. Box 7683
San Francisco, CA 94120-7683

Capital One Business
PO Box 7683
San Francisco, CA 94120-7683

Carlson Dash, LLC
c/o Kurt M. Carlson
216 S. Jefferson Street
Suite 504
Chicago, IL 60661

Chase
Cardmember Service
P.O. Box 6294
Carol Stream, IL 60197-6294

Chase
Chase Card Services
P.O. Box 15548
Wilmington, DE 19886-5548

Chase - Amazon
Cardmember Services
PO Box 6294
Carol Stream, IL 60197-6294

Chase Sapphire
Cardmember Services
P.O. Box 6294
Carol Stream, IL 60197-6294

Citi Diamond Preferred Card
Citi Cards
P.O. Box 6500
Sioux Falls, SD 57117

Credit One Bank
P.O. Box 60500
City of Industry, CA 91716

Delinkwitz Tattoo, LLC
15 E Walworth Street
Suite 3
Elkhorn, WI 53121

Democratic Party of Walworth County
21 E Walworth Street
Elkhorn, WI 53121

Discover
P.O. Box 6103
Carol Stream, IL 60197-6103

Emerge 180, Inc
13902 N Dale Mabry Hwy #225
Tampa, FL 33618

Emergel80, Inc
13902 N Dale Mabry Hwy #225
Tampa, FL 33618

Harbor Freight/SYNCB
PO Box 71710
Philadelphia, PA 19176-1710

Internal Revenue Service
Insolvency Unit
P.O. Box 7346
Philadelphia, PA 19101-7346

Kidos LLC
P.O. Box 1135
Janesville, WI 53547

Klein Enterprises LLC
17 E Walworth Street
Elkhorn, WI 53121

Lofy Landscaping
155 N Cranberry Street
Elkhorn, WI 53121

Lowe's Advantage Card
PO Box 669807
Dallas, TX 75266-0759

Lowe's Business Advantage Card
PO Box 669824
Dallas, TX 75266-0781

Maurices Credit Card
P.O. Box 650973
Dallas, TX 75265-0973

Mercy Health System
1000 Mineral Point Road
Janesville, WI 53548

Nelnet
US Department of Education
PO Box 2837
Portland, OR 97208-2837

Rick Loomis
10 S Washington Street
Unit 3
Elkhorn, WI 53121-1000

Roundpoint Mortgage Servicing LLC
P.O. Box 674150
Dallas, TX 75267-4150

Sam's Club - Synchrony
PO Box 71711
Philadelphia, PA 19176-1711

Small Business Administration
14925 Kingsport Road
Fort Worth, TX 76155-2243

Socialyn Marketing, LLC
20 S Washington Street
Unit 11
Elkhorn, WI 53121

Southern Lakes Plumbing & Heating, Inc
N5860 US Highway 12
Suite B
Elkhorn, WI 53121

Southwest Rapid Rewards
Cardmember Service
P.O. Box 6294
Carol Stream, IL 60197-6294

Spaulding Group, LLC
17 E Walworth Street
Elkhorn, WI 53121

Synchrony Bank/Amazon
P.O. Box 71711
Philadelphia, PA 19176-1711

The Rehab Doctor, LLC
17 E Walworth Street
Unit 2
Elkhorn, WI 53121

TJX Rewards/Synchrony Bank
PO Box 669818
Dallas, TX 75266-0772

Transworld Systems Inc.
PO Box 15283
Wilmington, DE 19850-5283

U.S. Small Business Administration
2 North Street, Suite 320
Birmingham, AL 35203

Ulta Beauty Rewards Credit Card
PO Box 650964
Dallas, TX 75265-0964

Wells Fargo Auto
PO Box 17900
Denver, CO 80217-0900

Wisconsin Department of Revenue
ATTN: Bankruptcy Unit, MS 5-144
P.O. Box 8901
Madison, WI 53708-8901

Wisetack, Inc.
Dept. 2554
P.O. Box 122554
Dallas, TX 75312-2554